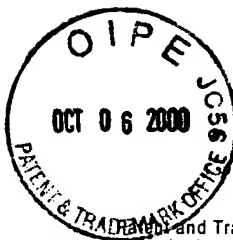


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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/213,968
Filing Date	December 17, 1998
First Named Inventor	Paxton King Beale
Group Art Unit	1653
Examiner Name	Jeffrey E. Russell
Attorney Docket Number	1207-003D

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	Sean M. Casey Co., L.P.A.				
Address	P.O. Box 710				
Address					
City	New Albany				
Country	U.S.A.	State	Ohio	ZIP	43054-0710
Telephone	(614) 222-0800	Fax	(614) 222-0801		

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Paxton King Beale
Signature	
Date	July 31, 2000

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